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SERIAL NUMBER 10/760,067	FILING DATE 01/16/2004 RULE	CLASS 439	GROUP ART UNIT 2833	ATTORNEY DOCKET NO. 8-4716					
APPLICANTS Douglas A. Neidich, Harrisburg, PA;									
** CONTINUING DATA ***** <i>None</i>									
** FOREIGN APPLICATIONS ***** <i>None</i>									
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 04/22/2004									
<table style="width: 100%; border: none;"> <tr> <td style="width: 40%; border: none;"> Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i> </td> <td style="width: 10%; border: none; text-align: center;"> STATE OR COUNTRY PA </td> <td style="width: 10%; border: none; text-align: center;"> SHEETS DRAWING 4 </td> <td style="width: 10%; border: none; text-align: center;"> TOTAL CLAIMS 30 </td> <td style="width: 10%; border: none; text-align: center;"> INDEPENDENT CLAIMS 3 </td> </tr> </table>					Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>	STATE OR COUNTRY PA	SHEETS DRAWING 4	TOTAL CLAIMS 30	INDEPENDENT CLAIMS 3
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ADDRESS Thomas Hooker, Esq. Hooker & Habib, P.C. Suite 304 100 Chestnut Street Harrisburg, PA 17101									
TITLE Interposer assembly									
FILING FEE RECEIVED 475	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> All Fees</td> </tr> <tr> <td><input type="checkbox"/> 1.16 Fees (Filing)</td> </tr> <tr> <td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td> </tr> <tr> <td><input type="checkbox"/> 1.18 Fees (Issue)</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> </tr> </table>					<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____
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